

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 101049704		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1		1		51				
2		1		1		1	52				
3		2		2		1	53				
4		2		2		1	54				
5		0		0		1	55				
6		0		0		1	56				
7		0		0		1	57				
8		0		0		1	58				
9		0		0		1	59				
10		1	1		1		60				
11	1			0		1	61				
12		0		0		1	62				
13		0		0		1	63				
14		0		0		1	64				
15		0	1		1		65				
16		0					66				
17	1						67				
18							68				
19							69				
20							70				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3				3		TOTAL IND.				
TOTAL DEP.	11				12		TOTAL DEP.				
TOTAL CLAIMS	14				15		TOTAL CLAIMS				